

with a patient to help guide the physician/user during said interaction with the patient and to remind the physician/user regarding specific points of inquiry that may be relevant to further examination of that patient, said prompts soliciting underlying information regarding the details of the medical service being provided, said underlying information being usable for calculating a medical service code based upon said underlying information rather than said prompts soliciting the physician/user for the medical service code itself, said underlying information being necessary for determining and/or supporting the medical services code for purposes of the physician/user's eventual billing for the services;

10 processing means for calculating intermediate values based on said

recorded information;

processing means for using said intermediate values to generate said

billing code.

51. (Amended) A method for gathering a patient's data and using that data in generating a billing code, including:

providing an electronic computer to prompt an information gatherer to gather information that at least includes information relevant to calculating the billing code, said computer prompts being usable in real-time by the information gatherer interacting with a patient to help guide the information gatherer during said interaction

20 with the patient and to remind the information gatherer regarding specific points of inquiry that may be relevant to further examination of that patient, said prompts soliciting underlying information usable for calculating a description of the medical services being

provided rather than said prompts soliciting the information gatherer for the description of the medical services itself, said underlying information being independent of the description of the medical services for purposes of the eventual billing for the services; obtaining and recording that information; 5 repeating said prompting, obtaining, and recording steps; and electronically calculating a desired billing code from said gathered data.

Sub 102 46.55. (Amended) A method of calculating a medical billing code that

complies with the requirements of the United States Health Care Financing Administration, including:

10 providing an electronic computer or scannable form; prompting the information gatherer via said electronic computer or said scannable form to gather information that at least includes information relevant to calculating the billing code, said computer prompts being usable in real-time by the information gatherer interacting with a patient to help guide the information gatherer 15 during said interaction with the patient and to remind the information gatherer regarding specific points of inquiry that may be relevant to further examination of that patient, said prompts soliciting underlying information usable for calculating a description of the medical services being provided rather than said prompts soliciting the information gatherer for the description itself of the medical services, said underlying information 20 being independent of the description of the medical services for purposes of the eventual billing for the services;

obtaining and recording that information into said electronic computer or
said scannable form;

repeating said prompting, obtaining, and recording steps; and

electronically calculating a desired billing code from said gathered data.

Step 3 57. (Amended) An integrated electronic system for conducting a
medical interview of a patient and contemporaneously calculating an appropriate
government billing code based on that interview, including:

electronic means for prompting an interviewer to make a series of
inquiries, said means optionally using at least some of the preceding responses in
10 calculating further prompting for inquiries to make of the patient, said means being
usable in real-time by the interviewer interacting with a patient to help guide the
interviewer during said interaction with the patient and to remind the interviewer
regarding specific points of inquiry that may be relevant to further examination of that
patient, said prompts soliciting underlying information usable for calculating a

15 description of the medical services being provided rather than said prompts soliciting the
interviewer for the description of the medical services itself, said underlying information
including information independent of the description of the medical services for purposes
of the eventual billing for the services;

electronic means for recording the patient's response or other information
20 regarding the prompted inquiry; and

electronic means for calculating the government billing code based on
information recorded from the medical interview.

58. (Amended) Apparatus for electronically calculating an appropriate

United States Health Care Financing Administration (HCFA) billing code based on a medical examination of a patient, including:

electronic means for recording information during the medical

5 examination, said information including at least sufficient details to support billing requirements imposed by HCFA instead of just a conclusory description of the medical services;

electronic means for automatically determining, based upon said details, intermediate HCFA code values for sub-parts of the examination; and

10 electronic means for automatically determining, based upon said details, an appropriate final HCFA billing code from the intermediate HCFA code values.

59. (Amended) Electronic apparatus for use in connection with an encounter between a medical practitioner and a patient, comprising:

15 electronic means for prompting the medical practitioner regarding data to be obtained from the patient regarding patient care and corresponding HCFA billing codes, said data including at least sufficient details to support billing requirements imposed by HCFA instead of just a conclusory description of the medical services;

means for storing said data from the patient;

20 a menu section comprising at least one of history, physical examination, and medical decision making questions, said menu section related to said means for prompting the medical practitioner;

payer mandated requirement codes;

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scores based in part on results from responses to said menu section;
algorithm for linking and processing said requirement codes with said
scores; and
resultant code based in part on said linked and processed requirement
codes and scores.

37 68. (Amended) Apparatus for compiling medical data and generating
claims consistent with payer mandates, comprising:
10 electronic means for displaying topics of inquiry for use with a patient
during a patient encounter, said topics of inquiry including at least sufficient details to
support billing requirements imposed by said payer mandates instead of just a conclusory
description of the medical services;
15 data forms for collecting and storing data from said patient encounter, said
data comprising patient responses and user generated text information based in part on
said patient encounter;
codes representative of at least one of billing, procedure, and
documentation requirements;
algorithm for linking, comparing, and computing said collected data with
said requirement codes; and
resultant code based in part on said linked, compared, and computed data.

20 Please add the following new claims:

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391. Apparatus for electronically calculating an
appropriate United States Health Care Financing Administration (HCFA; now called